

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <i>10/630414</i>	FILING DATE				
						APPLICANT(S)	CLAIMS				
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1											
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30	1		1		1						
31	1		1		1						
32	1		1		1						
33	1		1		1						
34	5		5		5						
35	5		5		5						
36	10		10		10						
37	10		10		10						
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47											
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49											
50											
TOTAL IND.	1		1		1						
TOTAL DEP.	16	↔	16	↔	16	↔					
TOTAL CLAIMS	17	██████████	17	██████████	17	██████████					